

# The Status of the World Emergency Preparedness in the Health Sector

**2006/2007 Global Assessment**

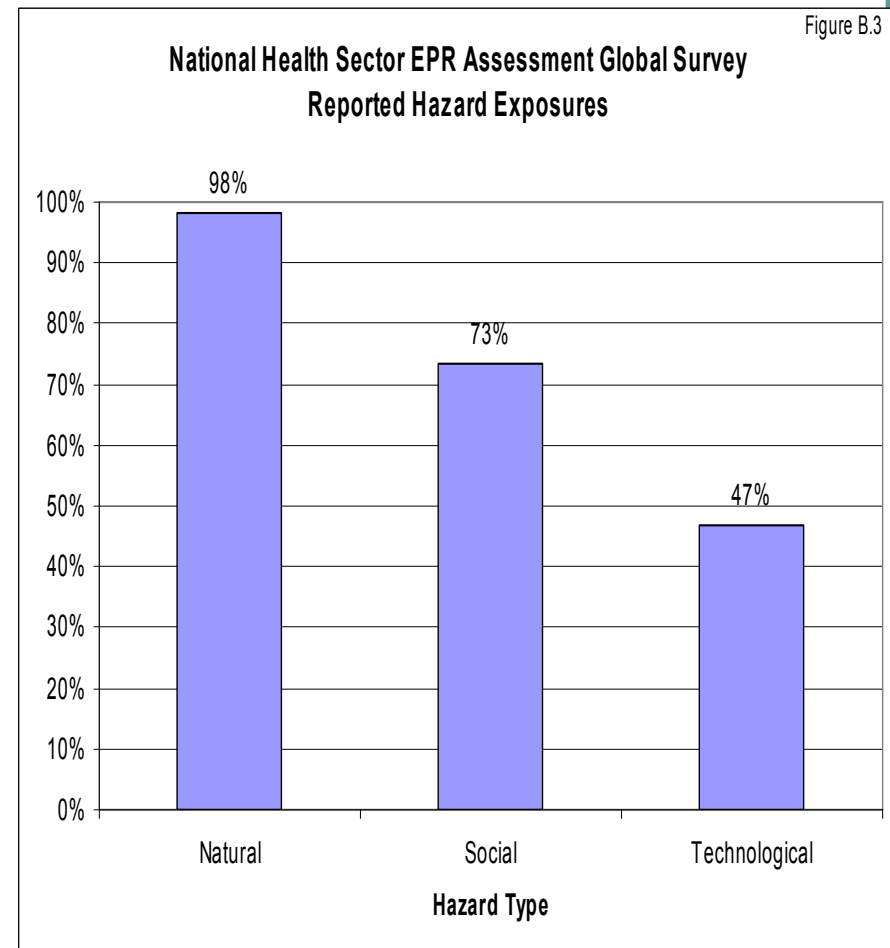
# The Survey Objectives

- provide countries, the international community and the WHO, with valuable information on the current situation of EPR at the country level
- to identify gaps and to assess the needs for technical support necessary for establishing or strengthening comprehensive national emergency preparedness and risk reduction strategies and plans.

# Frequency of Disasters

The majority of responding countries (92%) has experienced an emergency or disaster in the last 5 years, caused by:

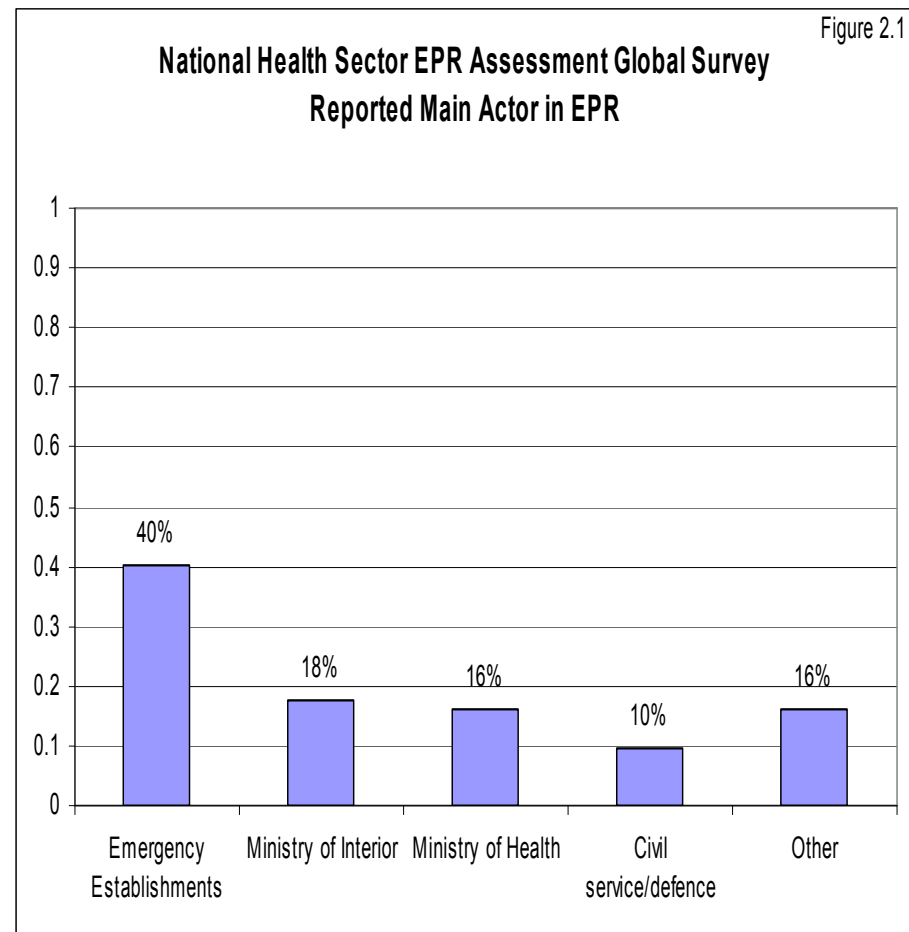
- natural hazards (98%)
- social hazards (73%)
- technological hazards (47%)



# Institutional Arrangements

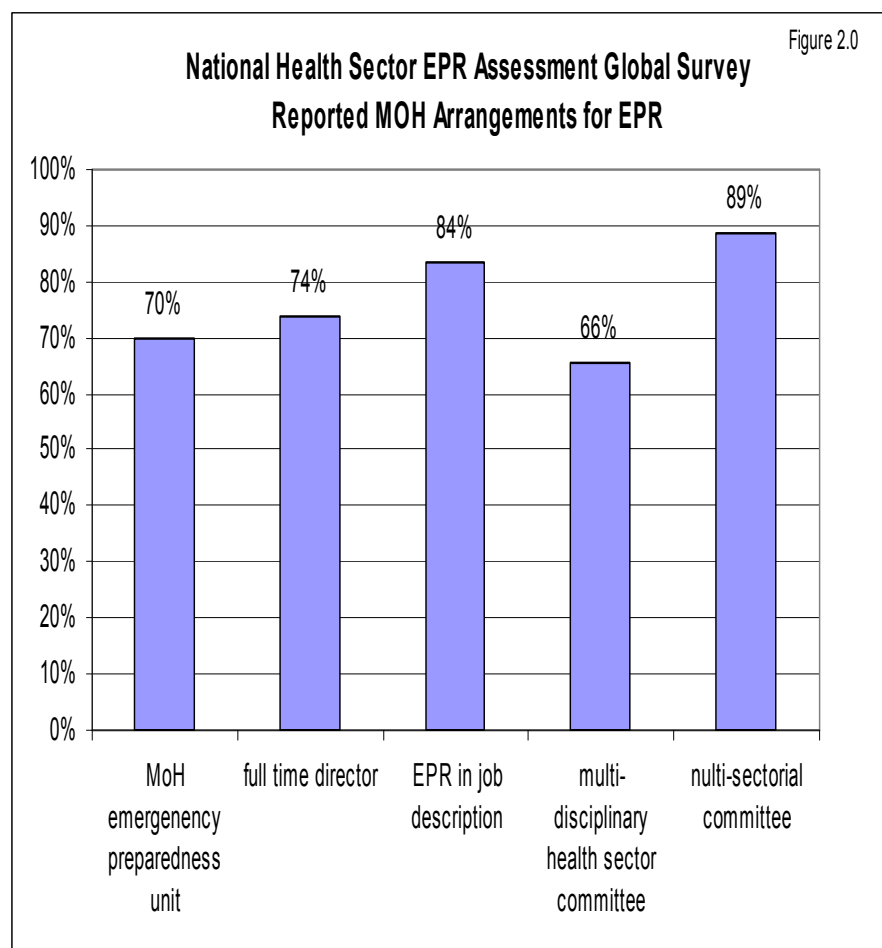
The main national actor in EPR was reported to be:

- an emergency establishment (agency, board, committee or ministry) (39%)
- Ministry of Interior (18%)
- Ministry of Health (16%)
- Civil Service / Defence (10%)



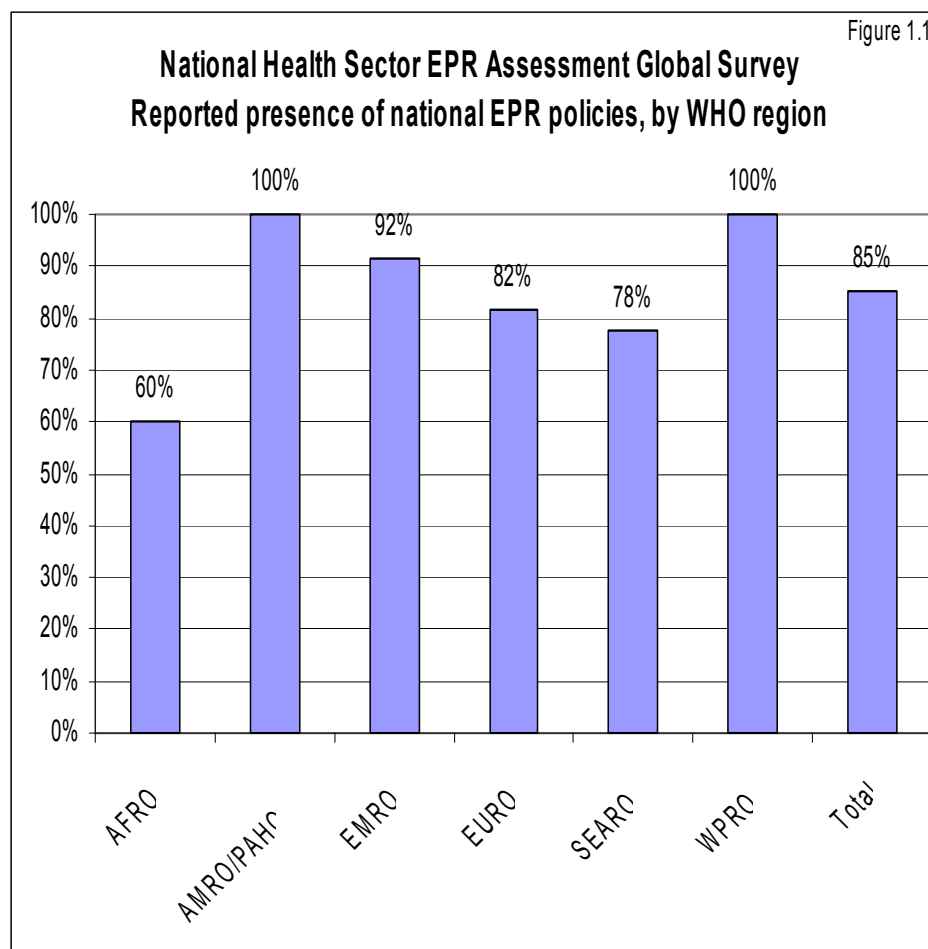
# Health Sector Preparedness

- Most respondents reported EPR arrangements within the Ministries of Health, with the existence of multi-disciplinary committees (89%), and EPR as part of the job description (84%) for key Ministry of Health personnel.
- Other types of arrangements: full time EPR unit, full time director for EPR, and national multi-sectoral committee were also present in the majority of countries



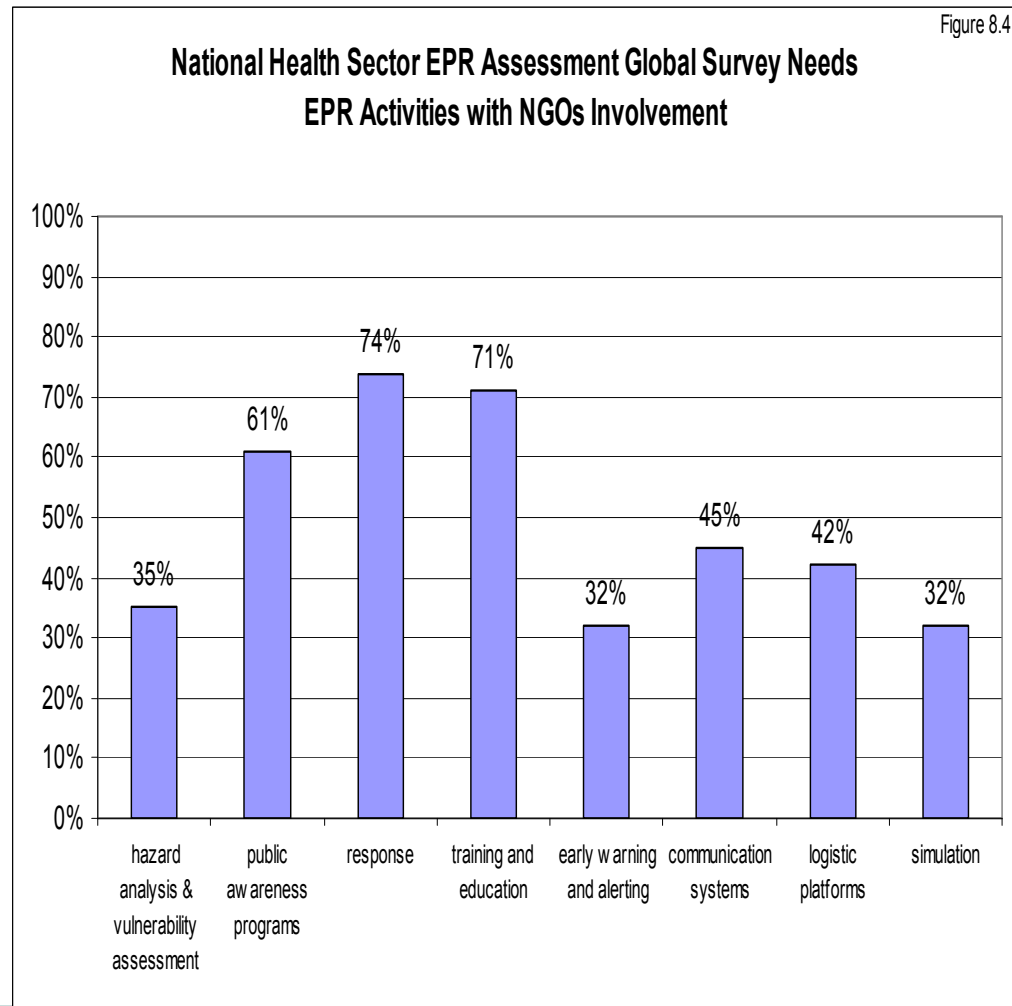
# Health Sector Preparedness (2)

- Most countries (85%) reported the existence of a national **EPR policy**; two-thirds reported having a policy on health sector EPR programmes at the national and provincial levels.
- There is a large variation among regions ranging from 60% (AFR) to 100% (AMR and WPR)



# NGO Involvement

Activities characterized with high levels of **NGO involvement** at the country level include emergency response; training and education; and raising public awareness



# Health Sector within the Multisectoral Set Up

- Despite the pivot role of the health sector and vital services it provides during emergencies and disasters, the sector is rarely considered as an official member of systems and platforms.
- One can rarely see key health representatives in fora like this one.



# Operational Organigram

**Governor**  
Emergency Management Agency  
—  
Central Command Centre

Communication  
&  
Transmission

Law & Order

Search  
&  
Rescue

**Health**

Social Welfare  
&  
Shelter

Transport  
&  
Public Works

# Looking Forward

- Through its active involvement in the work of ISDR and other international set ups, WHO is hoping to further strengthen and formalize the role and the functions of the health sector in the multisectoral effort and platforms aiming at risk reduction and emergency preparedness.
- The forthcoming biennial ISDR/WHO - led campaign of "Safe Hospitals, could provide us with an excellent opportunity to achieve this goal.

# The Safe Hospital Campaign

- This campaign stems from the Hyogo Framework Action Plan and will last 2 years 08-09.
- Beyond hospitals, it targets all health facilities and expands to the communities serviced by these vital facilities.
- It focuses on structural, non-structural and functional risk reduction and preparedness of these facilities.

# Final Say

ISDR, WHO and other international partners are hoping to enlarge the global and national partnerships around this theme in order to improve not only the health sector capacity in risk reduction but also foster a stronger multisectoral partnerships and community involvement.